



## LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

12091 Bricksome Avenue, Suite B

Baton Rouge, LA 70816

(225) 295-8567 Fax (225) 295-8568 Lsbwdd@Lsbwdd.org www.Lsbwdd.org

### ***REQUEST FOR NAME CHANGE***

#### ***For the LICENSE as a DISTRIBUTOR of LEGEND DRUGS and LEGEND DEVICES***

The name of a current Louisiana licensee for distribution of legend drugs and legend devices may be changed if the name change is *NOT* the result of any changes in ownership. Changes in ownership of a licensee company/facility require submission of an application for new licensure.

Complete this form fully, sign, date, and submitted to the Board at the address above along with all required documentation and a check or money order in the amount of **\$25** for cost of processing. PLEASE NOTE: Name change requests submitted with annual license renewal applications may exclude the \$25 processing charge.

#### **BOARD USE ONLY -- Do not write in this area**

Submitted with renewal

Payment- Ck# \_\_\_\_\_

Print & Mail Amended Cert

Date: \_\_\_\_\_

Date Request Processed: \_\_\_\_\_ BY: \_\_\_\_\_

New File Label

LICENSE NO.: \_\_\_\_\_

OLD Company Name: \_\_\_\_\_

d/b/a or trade name (if applicable): \_\_\_\_\_

NEW Company Name: \_\_\_\_\_

dba or trade name (if applicable): \_\_\_\_\_

#### **EXPLANATION/REASON FOR NAME CHANGE:**

**REQUIRED DOCUMENTATION:** Attach a copy of an incorporation amendment or corporate resolution indicating the name change and the effective date for the name change of the company/corporation and (*FOR OUT-OF-STATE LICENSEES*) a copy of the home state license in the new name of the company/corporation.

\_\_\_\_\_  
Name of Licensee Representative (print or type)

\_\_\_\_\_  
Title of Licensee Representative

\_\_\_\_\_  
Signature of Licensee Representative

\_\_\_\_\_  
Date